

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OLAD ADDD	OUAL D				
OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average burden					
hours per response 16.00					

SEC US	SE ONLY
Prefix	Serial
	<u> </u>
DATE R	ECEIVED
1	1

No. of Official / The shift is in a drawn and arms has absent and indicate absent	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Offering of limited partnership interests in Resolution Real Estate Fund III-T, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULO
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer	I DETAIL BOIN TEAN BOILE LEVIN THOU LEVEL LEVEL AND LEVEL HOW EVEL HOW
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	07087914
Resolution Real Estate Fund III-T, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
42 Bruton Place, London, United Kingdom, W1J 6PA	+44 7518 8383
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	BBUCEGGEU
Real estate investments.	/ / NOOFOOFD
	191 1441-0-7 2000
Type of Business Organization	// JAN U 7 Z000
corporation  [7] limited partnership, already formed  [8] business trust  [9] limited partnership, to be formed	(ease specify): THOMSON
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization: [O] [O] [O] [O] Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada: FN for other foreign jurisdiction)  GENERAL INSTRUCTIONS	
Federal: Wha Must File: All issuers making an affering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required. A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sa are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	curities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A. BASIC IDE	NTH	FICATION DATA				
2. Enter the information reques	sted for the fol	lowing	<b>;</b> :						
Each promoter of the is	suer, if the iss	uer ha	s been organized w	ithin I	the past five years;				
<ul> <li>Each beneficial owner f</li> </ul>	naving the pow	er to vo	ote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	of a clas	ss of equity securities of the issuer.
<ul> <li>Each executive officer</li> </ul>	and director of	f corpo	orate issuers and of	corpo	rate general and mar	naging	g partners o	f partne	ership issuers; and
<ul> <li>Each general and mana</li> </ul>	ging partner of	f partn	ership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Z	General and/or Managing Partner
Full Name (Last name first, if inc	(ividual)							<del></del>	-158°F -18*F
Resolution III General Partne									
Business or Residence Address Le Masurier House, La Rue	•						_		
Check Box(cs) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)								
Natalie Sullivan									
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)					
Le Masurier House, La Rue L	e Masurier, S	St Hel	ier, Jersey, JE2 4	YE					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if ind Christopher Ruark	lividual)					•			
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)					
Le Masurier House, La Rue L	e Masurier, S	St Hel	lier, Jersey, JE2	4YE					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)		<del></del>				····		
Makena Capital Holdings B, L	P.								
Business or Residence Address	(Number and S	Street,	City, State, Zip Co-	de)	·				
2500 Sand Hill Road Ste. 20	5, Menlo Par	rk, CA	94025						
Check Box(es) that Apply:	Promoter	<b>7</b>	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind Stichting Pensioenfonds Met	1	niek							
Business or Residence Address	(Number and S	Street,	City, State, Zip Co.	dc)			······································		
c/o MN Services, Burgemees	ter Elsenlaai	n 329,	, 2282 MZ Ryswij	jk (2-	H), The Netherlar	nds			
Check Bux(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	··· · · · · · · · · · · · · · · · · ·							<del></del>
Business or Residence Address	(Number and S	Street,	City, State, Zip Coo	Je)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)								
Business or Residence Address	(Number and S	Street, (	City, State, Zip Coo	le)		<u>.</u>			
	(Use blan	k sheet	t, or copy and use a	dditio	onal copies of this sh	cel, a	s necessary;	)	

				<b>B</b> . 1	INFORMAT	ION ABO	U <b>T OFFER</b>	ING				
11	_ :	d d		atand to s	-II to			- this offer	da a O		Yes	No
1. Has th	e issuer sol	a, or aoes			n Appendix				-		· [	X
2. What i	is the minir	num investi					•				€ 1,0	00.00
4. *******	3 the 1111111			54 242		y					Yes	No
	he offering											<b>X</b>
commi If a per or state	the informatission or sin rson to be li es, list the n er or dealer	nilar remun sted is an as ame of the	eration for ssociated p broker or d	solicitation erson or ag caler. If m	n of purchas ent of a bro ore than fiv	ers in conn ker or deal e (5) perso	ection with er registere ons to be lis	n sales of se d with the ! ted are asso	curities in SEC and/o	the offering r with a stat	g. e	
Full Name	(Last name	first, if inc	lividual)									
Business or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)			_			
Name of As	ssociated B	roker or Do	aler									
States in W	hich Perso	n List <b>ed</b> Ha	s Solicited	or Intend	s to Solicit	Purchaser:	s					
(Check	"All State	s" or check	individua	l States)	·····						Al	ll States
AL. IL MT	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)						<del></del>			
Business o	r Residence	Address (	Number ar	d Street, C	City, State,	Zip Code)						<u> </u>
Name of As	sociated B	roker or De	aler					·····				
				_							<del></del>	
States in W												
(Check	"All State:	s" or check	individual	States)					***************************************	***************************************	☐ AI	I States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name (	Last name	first, if ind	ividual)									
Business or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)			·			
Name of As	sociated Bi	oker or De	aler							<del></del>		
States in WI	hich Person	Listed Has	s Şolicited	or Intends	to Solicit	Purchasers	•		····			
(Check	"All States	or check	individual	States)		****************	*****************				☐ All	l States
AL II. MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	F	Amount Already Sold
	Debt	2	€	
	Equity			
	☐ Common ☐ Preferred	<u></u>		
	Convertible Securities (including warrants)€	i	€	
	Partnership Interests€	166,011,660.00	€	166,011,660.00
	Other (Specify)		€	
	Total€	166,011,660.00	) €	166,011,660.00
	Answer also in Appendix, Column 3, if filing under ULOE.			<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	16	€	166,011,660.0
	Non-accredited Investors		€	
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		€	
	Regulation A		€	<del></del>
	Rule 504	and the second	€	
	Total		€	0.00
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		€	
	Printing and Engraving Costs		€	1,037.56
	Legal Fees		€	158,450.15
	Accounting Fees		€	51,878.00
	Engineering Fees		€	
	Sales Commissions (specify finders' fees separately)		€	
	Other Expenses (identify) travel and lodging	_	€	14,525.84
	Total	<del></del>	€	225,891.55
		<del>-</del>		

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	ring price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		€165,785,768.45
	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for ar check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and fithe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			_ □ €
	Purchase of real estate	[	<b>]€</b>	_ [] €
	Purchase, rental or leasing and installation of made and equipment		_	<del>-</del>
	Construction or leasing of plant buildings and fac-	:ilities[	]€	_ □ €
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	¬€	∏€
	Repayment of indebtedness		<del></del>	<del></del>
	Working capital		_	_
	Other (specify): Invest in real estate			
			€	_ □ €
	Column Totals	[	_ €_0.00	€ 165,785,768.
	Total Payments Listed (column totals added)		<b>Ø</b> € <u>1</u>	65,785,768.45
_		D. FEDERAL SIGNATURE		
ŗ,	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commis	sion, upon writte	
S	per (Print or Type)	Signature	Date	
ÌΕ	solution Real Estate Fund III-T, L.P.	Some M	December 18	, 2007
	ne of Signer (Print or Type) olution III General Partner Limited, its general partner,	Title of Signer (Print or Type) General Partner		·· <del>·</del>
	hristopher Ruark, Director	General naturer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

